Dental Fee Schedule for Members

For Rural Communities in Arizona The procedures listed below as performed by a general practitioner

Effec Feb '23

PREVENTIVE SERVICES: MEMBER PAYS	BRIDGES: (per unit) MEMBER
Oral exam & diagnosis (one per year). NO CHARGE*	(Includes preparation, temporary, lab fees and adjustme
Bitewing/Pariapical x-rays (set of 4)	Porcelain w/semi precious
Available once each membership year NO CHARGE	Porcelain w/high noble
Each additional film	Recementation (per unit)
Addt'l exams (includes periodic & comprehensive) . 38	PERIODONTICS:
Panoramic x-rays 89	Perio Hygiene InstructionNO CHA
Full Series (non-pano)99	Re-Evaluation (post treatment)
Routine Cleanings** (Adult)77	Crown LengtheningNO CH/
(Child under 14)63	Perio Charting*
(Child under 14)	Perio Charting
Emergency treatment palitative, per visit 62	Full Mouth Debridement.
Topical Fluoride (separate or added to cleaning) 41	Curettage, scaling, or planing (per quadrant)
Sealants (per tooth, includes etch)	Gingivectomy per quadrant (including post
Materials/Sterilization fee (per patient, per visit) 12	surgical visits)
EXTRACTIONS:	Osseous or muco-gingival surgery
Simple local anesthetic (non-surgical) 110	(per quadrant, includes post surgical visits)
Complex and/or heavily decayed	Gingivectomy (per tooth)
Root Tip Simple	
Soft Tissue Impaction	ENDODONTICS:
	Pulp capping
RESTORATIVE DENTISTRY:	Pulpotomy
Amalgam: primary / perm teeth (includes base)	Anterior root canal therapy
Cavities involving one tooth surface	Bicuspid root canal therapy
Cavities involving two tooth surfaces	Molar root canal therapy
Composite: primary / perm (includes acid etch)	Apicoectomy (separate procedure, excludes molars)
One surface filling (anterior)	PROSTHETICS: (prices include lab fees)
Two surface filling (anterior)	Resin/Acrylic Partial w/cast clasps
Three surface filling (anterior)	Cast Partial, resin saddles (6 teeth, 2 clasps)
Composite: perm teeth only (includes acid etch)	(addt'l teeth \$25 ea., addt'l clasps \$60 ea.)
One surface filling (posterior)	Stayplate/Flipper (u/l, up to 2 teeth, office)
Two surface filling (posterior)	High quality Denture (upper/lower) each
Pin retention per tooth	Immediate Denture (will need to be relined)
	Reline, denture or partial (office)
CROWNS: (per unit)	Reline, denture or partial (laboratory)
(Includes preparation, temporary, lab fees and adjustment) Porcelain w/ semi precious	Denture adjustments
Porcelain w/ semi precious 889 Porcelain w/high noble 998	Broken denture repair (<i>no teeth involved</i>) Replace tooth
Full Crown (non precious)	11 .
Stainless Steel (Primary or Permanent)236	All materials used are ADA approved
Crown build-up including pin	Any procedure not listed is available
Recement Crown	at the usual cash discounted price.
	Oconvright American Dental

BRIDGES: (per unit)	MEMBER PAYS
(Includes preparation, temporary, lab	fees and adjustment)
Porcelain w/semi precious	889
Porcelain w/high noble	998
Recementation (per unit)	77
PERIODONTICS: Perio Hygiene Instruction	NO CHARGE
Gingivectomy (per tooth)	1/9
• " "	140
ENDODONTICS: Pulp capping	
PROSTHETICS: (prices include lak Resin/Acrylic Partial w/cast cla Cast Partial, resin saddles (6 te (addt'l teeth \$25 ea., addt'l clas) Stayplate/Flipper (u/l, up to 2 tee High quality Denture (upper/low Immediate Denture (will need to Reline, denture or partial (office Reline, denture or partial (labor Denture adjustments Broken denture repair (no teeth Replace tooth	1099 1099 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1298 1288 1278 1278 1278 1278 1278 1278 1298 1298 1278 1278 1278 1278 1278 1278 1278 1278 1278 1278 1298
All materials used are a Any procedure not list	ed is available

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Special Notes: There are no yearly maximum benefit limits.

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A fee will be charged for broken appointments w/o 24 hour notice.

Payment due at time of service. Doctor may require deposit prior to services.

*Doctor will explain level of calc/tartar deposits (possible periodontal problems)

**Routine cleanings include polishing and light coronal scaling, above gumline.

Initial cleaning may be considered a difficult cleaning.

Membership year from date of enrollment.

Consult a participating Specialist for services not performed by a general dentist.

You may need to visit a Specialist in Phoenix/Tucson for certain dental procedures.

Participating Dentists assume full responsibility for services offered and performed.

Standards of Care suggest exam, full series x-rays, diagnosis & treatment plan.

Some dentists may require a more extensive initial diagnosis which may include pano x-rays & perio charting.